

Brexit thinking poisoned the government's response to COVID-19

*Having formally left the EU, the UK's response to COVID-19 has revealed its eagerness to go it alone, which has had dire consequences, writes **Jonathan Hopkin** (LSE). He argues that Brexit thinking stymied the government's response to the virus, at a great human cost.*

On the 31st of January, Britain formally left the European Union. Although it remains subject to EU law for the rest of 2020 at least, its response to the Coronavirus pandemic has already revealed an eagerness to go it alone, rejecting participation in an EU initiative for the procurement of medical equipment and imposing lockdown far later than comparable countries. This divergence has had stark consequences: by the end of May, Britain had more deaths from COVID-19 than any country in Europe, and the [second-highest per capita death rate in the world](#). This, despite the virus taking hold in Britain significantly later than in Italy or Spain, the first countries to suffer a sustained outbreak. What has this got to do with Brexit? Actually, quite a lot. Brexit thinking, and indeed the immediate material consequences of that decision, stymied the government's response to the virus, at a great human cost.



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The UK government's initial approach to the crisis was both lethargic and confusing. With Italy already moving into lockdown, government scientists went on the air to talk about allowing 'herd immunity' (allowing most people to catch the virus) to solve the problem, whilst Prime Minister Boris Johnson himself boasted about shaking hands with Coronavirus patients in hospital. This was typical of the iconoclastic, anti-system leadership style Johnson has brought to British politics, [imitating Trump and others](#). Only when the full scale of the outbreak in Italy became evident did the government begin to advocate voluntary social distancing, which was a complete failure, as mass events continued and workers crammed into packed buses and trains. Finally, the government bowed to the inevitable and followed the rest of Europe into lockdown, but according to [later estimates 1.5 million Britons had already been infected with COVID-19 at that point](#).

What has this got to do with Brexit? Perhaps surprisingly, the problem did not seem to revolve around the scepticism towards 'experts' that leading Brexiters such as Michael Gove had expressed during the EU referendum campaign. Instead, the Johnson government took advice from a select group of scientists and modellers who advised that acting too quickly would be counter-productive and that instead, the government could '[smooth the curve](#)' of infection with sophisticated measures of social engineering inspired by the 'nudge' movement in behavioural science, which in the first instance meant little more than banning school trips and cruises. It was only when a leading epidemiologist in the government team updated his models to reflect the high rates of hospitalization of COVID-19 patients in Italy that Johnson finally relented and ordered a full lockdown, in the last week of March.

This chain of events is perhaps unsurprising in the context of a Brexiter administration determined to go it alone rather than learn lessons from European neighbours. It was blindingly obvious from early March that the pandemic was overwhelming a healthcare system that ranked among the best in the world, in one of Europe's richest regions: Lombardy. Britain, with one of the lowest numbers of intensive care beds in Europe, was hardly better placed than Italy to cope with the outbreak. Yet [Boris Johnson insisted](#) that 'what is happening in other countries doesn't necessarily mirror what is happening in the UK'. The fact that nobody in government seemed to be talking with experts in other countries, is symptomatic of the insular thinking that underpins the Brexit project. But it also reflected the all-consuming challenges of leaving the European Union, which distracted the government from the pandemic. The Prime Minister, elected on a promise to 'Get Brexit Done' appeared to take a break from day-to-day affairs once the UK formally exited the EU on 31st January, and [did not attend](#) the first five meetings of the government's emergency committee (COBRA) set up to monitor the pandemic.

In the midst of once in a century public health crisis, Brexit threatens to make things worse. Even at a historic low point in relations between European Union member states, there was close cooperation and a fair degree of generosity helping the hardest-hit countries secure medical supplies and even share hospital facilities. Britain, meanwhile, chose to rely on Brexit-friendly forms of international aid, such as procuring ventilators from Euroskeptic vacuum manufacturer Dyson, or from the volatile President of the United States. This equipment [failed to materialize](#). Without a substantial manufacturing sector of its own, Britain was entirely dependent on international trade to secure protective equipment for healthcare workers. But many exporters earmarked production for domestic needs, or funnelling supplies to the highest bidder, often the United States.

And all of this has happened before Britain has fully left Europe. Despite still benefitting from its continued participation in the EU's pandemic warning system (the [Early Warning and Response System](#)), the UK government declined to request continued participation after Brexit, [despite requests from public health authorities](#). Neither has the UK shown any interest in maintaining reciprocal access to healthcare to nationals of EU countries under the [European Health Insurance Card \(EHIC\) scheme](#). Instead, from 2021, European Union migrants to the United Kingdom can expect to pay the [health surcharge of £624 \(\\$774\) per annum](#), a policy designed to deal with the alleged problem of 'health tourism' (EU migrants visiting the UK solely to exploit free healthcare). Yet migration from the EU has been a key source of essential workers, including in the healthcare sector, and EU migrants are mostly young and make few demands on the health system. A policy of discouraging migration is the last thing a country faced with a massive healthcare crisis needs. Yet the government has continued to make policy on the basis of a frequently debunked myth that leaving the EU would make it easier to finance the National Health Service and reduce demands on it. Fittingly, one of the consultants who cared for Boris Johnson during his hospitalization for COVID-19 was [an Italian national](#).

The UK government's official position remains that it will not seek an extension to the transition period and will be able to negotiate a Free Trade Agreement (FTA) by the end of 2020. This was always an ambitious, if not quixotic, plan, given the many years such negotiations usually take, but in a world preoccupied with the worst pandemic for a century and the worst economic crisis since the Second World War it has become simply impossible. Refusing to extend means leaving the European Union next year with no deal, putting up tariff barriers and checks on every port, instituting new trade rules with the entire world, after a year in which GDP is predicted to fall by potentially up to a third. Far from seeking to mitigate the economic effects of the pandemic, some appear to see the pandemic as an opportunity to make the costs of a no-deal Brexit less visible in the midst of a [deep global recession](#).

So the Brexit ship sails on. Predictions of economic and political disaster have long been dismissed by Brexiters as 'project fear'. In the context of the most challenging year in British history since 1945, the shock of Brexit indeed begins to look like the least of our worries. But the [anti-system culture](#) of Brexit – a culture of insularity and hostility to international cooperation – has undermined the fight against COVID-19 in important ways. By the time Brexit is completed, the bulk of the damage will already have been done.

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